

# MINUTES

## Wisconsin Minority Health Leadership Council (WMHLC)

Thursday December 13, 2012

Islamic Resource Center

5235 S. 27th Street, Greenfield, WI 53221

9:30 a.m. – 3:00 p.m.

### Members Present:

**Paulette Bangura** - Faculty Associate, UW-Milwaukee School of Continuing Education  
**María Barker** - Multicultural Programs Manager, Planned Parenthood of Wisconsin, Inc.  
**Brenda Coley** - Director of Adult Services, Diverse & Resilient, Inc. (Chair)  
**Inshirah Farhoud** - Pediatric Nurse Practitioner, Children's Hospital of Wisconsin  
**Carla Harris** - Oncology Community Outreach Coordinator, Columbia-St. Mary's  
**Sarah Noble** - Managing Director, Reproductive Justice Collective  
**Nancy Saiz** - Grants Administrator, City of Madison  
**Ana Paula Soares Lynch** - Director, Proyecto Salud, CORE/El Centro  
**Fuechou Thao** - Public Health Aide, Madison & Dane County Public Health  
**Lisa Tiger** - Collaborative Center for Health Equity  
**Koua Vang** - Executive Director, United Asian Services of Wisconsin, Inc.  
**JoCasta Zamarripa** - State Representative

### Excused:

**Evelyn Cruz** - Bilingual State Monitor Advocate, Migrant & Seasonal Farmworker Program, DWD  
**Emmanuel Ngui** - Asst. Professor of Health Disparities, UW-Milwaukee School of Public Health

### Guests:

**Attorney David Riemer**, Senior Fellow, Community Advocates Public Policy Institute

### Staff:

**Ruth DeWeese**, Minority Health Program Assistant  
**María M. Flores**, Minority Health Program and Policy Analyst  
**Kris Freundlich**, DHS Strategic Planning Consultant / Facilitator

### ACRONYMS

|        |  |
|--------|--|
| ACA    | <a href="#"><u>Affordable Care Act</u></a>                                       |
| CCHE   | <a href="#"><u>Collaborative Center for Health Equity</u></a>                    |
| HW2020 | <a href="#"><u>Healthiest Wisconsin 2020</u></a>                                 |
| WMHLC  | <a href="#"><u>Minority Health Leadership Council</u></a>                        |
| MHP    | <a href="#"><u>Wisconsin Minority Health Program</u></a>                         |
| OMH    | <a href="#"><u>Federal Office of Minority Health</u></a>                         |
| NPA    | <a href="#"><u>National Partnership for Action to End Health Disparities</u></a> |

Brenda called the meeting to order at 9:41a.m.

- Introductions
- Agenda overview
- Minutes
  - The minutes should have numbered pages in the future
  - Motion to approve:
    - Koua Vang moved to approve; Paulette Bangura seconded
    - Minutes passed unanimously

## **FORMAL PARTNERSHIPS**

*Lisa Tiger*

Lisa Tiger reviewed her statement that was sent to Council members on 12/11/2012. One member asked Lisa about the key points statement - was she looking for the group to identify one or all four? Lisa stated that the key points came from the Council meeting after the joint meeting on September 13, 2012. Was [CCHE](#) clear on the role of the Council and what we would be willing to do or the capacity of the partnership? Any group that would come to us, how would that look? The draft points were from the discussion after the joint meeting. The four points can be expanded, or condensed, or changed. Lisa would like input. Another member stated that grants that mention us need to be specific, and include the people of color that the grants target.

- One member stated that our communities need our young people to be more exposed to researchers, to the university. Is there a way to ask researchers that from the beginning of their projects to be out front and expose young people in the process and in the research? This will expose young people to possibly paid internships and to the university, especially for youth who go to alternative schools. The Planned Parenthood health promoter programs need to be evaluated.
- One member stated that she would like for the Council to propose research ideas to CCHE.
- One member stated that sometimes grant proposals are under a tight deadline. Perhaps the community would benefit to make comments and a review. How is the Council going to make the review? Who will do this?
- Lisa stated that the MOU she drafted (also sent with the key points statement) adapted the UW standard MOU that is used by their Board of Regents for when they engage with Tribal Governments. CCHE will take it to their advisory board, and look it over also, so we can have this on file.
- One member asked how will the key points fit with the MOU? We could put key points into the MOU. Lisa stated that the key points would be our official position on research so when other bodies come to us, we can give them the MOU and be clear about our expectations.

- One member stated that we need to do what is best for our communities while working with mainstream organizations.
- Another member stated that the Zilber School of Public Health is trying to engage on research projects. This MOU is good timing. We should have Dean Magda Peck come to a future meeting.
- One member stated that if we can take this issue further than just the Council, it would gain more results.
- Lisa will work on the publication paragraph, and check to see how often CCHE will meet with us. She encourages all Council members to give input.
- One member asked about having more specific representatives to CCHE. This issue should be vetted through the Executive Committee; there may not be capacity. Every time we have a joint meeting, 1/2 of the meeting time is taken with the joint meeting. This member stated that the Chair can be the voice of the Council if there are no specific representatives.
- Another member stated that we should have a small group to review these partnerships on a regular basis.
- Lisa would like to sit down with Alex Adams and Sarah Esmond for a possible meeting that would work within the framework they are constrained by their RFA. The Executive Committee will discuss meeting with Alex and Sarah.

## HEALTH INSURANCE EXCHANGES

### [Dave Riemer](#)

Dave Riemer, Senior Fellow, Community Advocates Public Policy Institute, gave an overview of Community Advocates. Community Advocates submitted [three amicus briefs to the Supreme Court](#) in favor of the [Affordable Care Act](#) (ACA) aka ObamaCare.

David and Connor Williams (MHLC nominee 6/12) [proposed a way to drastically reduce poverty in Wisconsin](#). Within this is a separate breakout for minority communities, and the rate of decline would be greater for African-Americans and Latinos. The [Urban Institute](#) gave an independent analysis on this proposal and they state that it will save Wisconsin \$248M over a decade.

### *THE ACA, CHANGES in the ACA, and WHERE THEY FIT*

Policy makers all the way back to the New Deal tried to create a national health care system. Various have tried since. Supreme Court upheld almost all of the ACA except for Medicaid expansion. Some states, including Wisconsin, are refusing to perform certain roles specified by the law.

- Shrinking the uninsured is a goal of the ACA. There will be various ways people can have insurance - HMOs PPOs, hybrid plans. Premiums are paid and the entity will pay providers. This is how it works. 15-17% of people do not have health insurance on any given day.
- The law deals also with the problem of cost shifting. It is not charity care; the costs are shifted to insurance companies and to larger insurers. The cost is tricked down to all the insured. The law also has the goal to shrink the number of the uninsured. There are exemptions: prisoners, those not legally present in the US, those with religious exemptions. Some people may not opt to get coverage, for whatever reason, and may choose to pay a penalty. The reduction of uninsured will be reduced immediately.
- BadgerCare covers children up to 200% of the [Federal Poverty Level](#) (FPL). Non-custodial parents are not eligible. For "childless adults", the BadgerCare CORE plan is aimed at this group, and there are more men than women, younger, mostly unmarried. The Wisconsin government capped the CORE plan at about 25,000. The ACA states that all states must expand Medicaid up to 300% of the FPL. Supreme Court shot it down. Several states took advantage of this option.
- Implications for Wisconsin are huge. Secretary Smith estimates 130,000 new enrollees. Will Wisconsin open up program to childless adults? Smith says it will cost the state money, Riemer argues it will save the state money, and the state cost will be offset in three areas:
  - SCIP-state costs will shrink because federal rates will increase in FY 2016;
  - January of 2014, state will move all custodial parents off of BadgerCare and into the HIE;
  - In 2019, WI can take all the kids over 133%FPL off of BadgerCare and into the HIEs, where feds pick up 100%
- Changes in Medicaid are done in state budgets; this is done through this process. The majority will exclude the other party.
- Minorities are disproportionately male and low income; they will be hurt the most by the ACA not being fully implemented.
- Health Insurance Exchanges (HIE) – once the ACA is fully implemented, people who don't know where they fit can go the exchange for their particular state to see what type of insurance they qualify for and need. In Wisconsin, the federal government will run the exchange. In other states, either the state itself will run it, the federal government, or a hybrid of the two. The HIEs will have "Platinum", "Gold", "Silver" and "Bronze" plans, and the deductible will be based on those plans.
  - One possible scenario: WI expand Medicaid up to 133% of FPL. Above 133% of FPL, the subsidy will be in the form of a tax credit.
- "Subsidy premiums" will be available to attach to one's own money monthly. At the end of the year you get a tax credit.
- One issue is the definition of family. What about gay families? Or heterosexual unmarried couples? David says that it is better to capture on a per person basis, rather than a child basis.
- Shop employers - the small business makes the choice on the benefit level (platinum, gold, silver, bronze) but the employees pick their plans within the level. Now will offer a wider range of plans for workers. Employers with only part-time employees are exempt.

- One way to figure out the average monthly subsidy/premiums will be is to Google "exchange subsidy calculator"
- Between 100-133% of the FPL: there is a subsidy, but individuals will still need to put in a little of their own money.
- Any penalties will be enforced on April 15; something will need to be attached to taxes.
- One member stated that the Republicans took away the ability for Legal Permanent Residents to apply for BadgerCare, and instituted waiting periods for the Foodshare program.

One member asked about the issue of providers; with BadgerCare the issue is having enough providers. David replied that there would be tax credits for small businesses which meet certain criteria. There are also insurance industry reforms, preventive care, provisions for seniors, and children up to age 26 on any plan.

- Another issue would be getting low-income people "banked" - so premiums can come straight out of a checking or savings account. The US Postal Service system does not work well - people move around.
- One Council member asked how the Council can have a voice along with the experts ? Dave Riemer answered that the law has requirements about participation, it is a "fuzzy" area. Solution is to just keep working with people in government that we know, keep talking to them. Get organizations that we are part of to ask for official meetings. Set priorities--what are the most important? Take those priorities to the government officials.

Brenda and Inshirah will send a thank you note to Dave Riemer.

## AFTERNOON DISCUSSION

One idea is to get a letter off to HHS Region V Director Kenneth Munson from the Council about coming to talk about the ACA and implementation; maybe bring community health workers into the meeting.

- One Council member stated that health promoters are not getting that type of training.
- Another member stated that we need to make sure that this type of talk does not go over people's heads. We should turn some of this language into an understandable language. We need more than just a few people understanding this information; in turn they can educate people. Questions are coming up all the way through health promoters; they are on the front lines and they may think of questions that we may not have.
- Perhaps David Riemer and/or Community Advocates could make simple PowerPoints to explain ACA issues. One member stated that she talked to him and he might be able to do that.
- One member stated that the Council itself needs a better understanding of this before taking it out to communities.
- Kris Freundlich asked if there any value with a letter to Kenneth Munson if Wisconsin does not expand Medicaid; how can the Council get this issue in the limelight? We need to give enough information to people to help formulate their own questions.

- A meeting should be sponsored with community health workers so they can help get information out to the communities; and it was mentioned that the Region V Health Equity Council is planning an event in April to bring community health workers together with community people.

One member stated that the morning presentation by Dave Riemer was the most comprehensive and the simplest of these types of presentations she's seen. We also need to make sure that there are foreign languages represented. Kris Freundlich asked if the Council had enough information from today to formulate a rough draft letter to Kenneth Munson, and if there was enough to create of rough draft of ACA points to run past Dave Riemer and then disseminate to communities?

## ***Diversity Matters Grant – Wisconsin Public Health Association*** ***Sarah Beversdorf & Zakiya Ciesielczyk***

Sarah Beversdorf thanked the Council for circulating the Workforce Development Specialist job position announcement. Zakiya Ciesielczyk was hired to fill the position. She has a BA in Africology, and an MA in Marketing. Her job is to identify and recruit new advisory committee members.

- *Diversity Matters* is a 5 year project with the [Healthier Wisconsin Partnership Program, WPHA](#) and UW.
- The grant targets African-American and Latino youth for choosing a career in public health fields.
- Zakiya spent the past two months on environmental scan of Wisconsin African-American and Latino populations, looking at general areas of interest, demographics, data collection, and what is currently happening at all levels of education. *(draft sent to the Council February 21; follow-up by Carla Harris)*

Sarah and Zakiya were asked if there was anything they need from the Council about accessing the communities? Zakiya stated that they did have a meeting at the new School of Public Health at UW-Milwaukee. They would like someone from the Council to be part of the *Diversity Matters* advisory committee.

- One member asked question in terms of communities. What about immigrants from the continent of Africa. Would they fit under the umbrella?
- Another member requested a list of participants.
- Another member asked Zakiya if she could expand more on what inroads into the Latino community have been made. Zakiya: Close to 10% of youth just in Milwaukee area. No deep inroads yet; any feedback would be appreciated.

Sarah Beversdorf stated that the next steps are working with school districts that have an extensive African-American or Hispanic population. The African-American community is more widely dispersed within SE Wisconsin and the Latino community is more statewide.

- One member stated that although the work is starting at the high school level, but her experience is that by the end of high school, previously bilingual Latino are no longer bilingual.

- Another member emphasized that working with schools is important.
- Zakiya stated that the Council should please let them know if they are missing something.
- One member stated that it is good to partner with youth serving organizations, which are more flexible with their programming than schools are.
- Another member stated that a lot of pre-college programs introduce students to the field of healthcare, but public health is usually not a part of pre-college programs.
- One member asked if they are also looking at charter, voucher and choice schools. Zakiya stated that they are looking at ALL schools.

## **DRAFT ACTIONS**

### **Kris Freundlich**

1. Fact sheet on ACA:
  - a. Work with David Riemer to refine
  - b. Share finalized with other organizations
2. The Region V Health Equity Council representatives shared that they want the MHLC to be partner in planning an April event. It was suggested that it perhaps should be a meeting that targets community health workers
3. Prepare questions and issues that we want Brett Davis, Administrator of the Wisconsin Division of Health Care Access and Accountability, to address at a future meeting.
4. Think about writing a letter to Kenneth Munson. One member reminded the Council that David Riemer said that we need to find out a way to be at the head of the table when things are being discussed. We need to be able to weigh in on the degree of qualifications that are important.
  - One member stated that when referring to the ACA, we should instead use the term ObamaCare because that is what the community understands and the President himself has embraced the term; however, another member felt that we should use the language used by the media, which is Affordable Care Act, or ACA. We also need to show the relationships of these terms.
  - Carla Harris stated that she is willing to work on a draft letter to Kenneth Munson.
  - One member brought up the issue of preventive care for women being covered under the ACA. The ACA takes the recommendations directly from a [report from the Institute of Medicine](#). She wondered if the IOM is going to be the final word on preventive care and is there anything that is negotiable on prevention and wellness.

Some questions for Kenneth Munson would be:

- How is the term "undocumented" going to be defined? Will people have to pay a penalty on their taxes when they don't have insurance? There needs to be clarity on the undocumented and legal permanent residents. How will they be categorized?

- The LGBT family issue - how do you define a family for the purposes of enrolling in a policy? What about for the taxes being filed or penalties being assessed.

María Barker stated that she would like to talk to people from FQHCs and see what their challenges are or are going to be.

## **MINORITY HEALTH PROGRAM DIRECTOR RECRUITMENT**

Final interviews are coming up, the Program is very close to hiring someone for the position. There will be 5 candidates, who will first meet with Administrator Karen McKeown, and then Pat Guhleman and Brenda Coley.

## **WRAP-UP / ROUND ROBIN**

Very informative; so much energy; enjoys working with everybody; perfectly timed for some of the members; amazing presentation; loves being in a space with people who continue to push; feels validated in this space; this group is about people empowering themselves; what is it that we as a council are doing, what impact are we having; meetings always give her new information; we can be agents of change, but we are not stuffy people; impressive meeting; the learning that everybody is saying that we got; the savvy of the group; feeling privileged to be part of the group and hearing all of the candid comments; feels honored and privileged to be here also; feels good to come back and remember, carrying the concerns of diverse communities with her; thanks for the support from the state staff, and the attention to the process, makes it easier to grapple with these issues; wants to thank Kris again - feels that Kris gives structure and order to the group; feels like a part of an athletic team; feels happy every time she sees Kris; state staff does a fabulous job.